Grant Applicant Checklist Family Planning Services

To:		Program:	Title X
Grant Name:		Co	mpeting
Grant No:		Non-co	mpeting
Instructions: Before submitting	ng your grant application, please review the following checklist.		

RETURN		
The SIGNED ORIGINAL	For assistance in preparation of	
NO LATER THAN:	Due Dates as listed in Table I of the FR Notice	this application, contact:
		Program Office:
То:		See list of contacts in the FR Notice
Dept. of Health and Human Services		Phone:
OPHS Office of Grants Management		
1101 Wootton Parkway		Grants Office:
Suite 550		See list of contacts in the FR Notice
Rockville, MD 20852		Phone:

APPLICATION SUBMISSION REQUIREMENTS

--- SIGNED ORIGINAL APPLICATION - PLUS TWO COMPLETE COPIES or ELECTRONIC SUBMISSION ---

NEW APPLICATIONS and COMPETING CONTINUATION APPLICATIONS				
Application Item	Source			
SF-424 - Application for Federal Assistance (properly signed)	OPHS-1			
SF 424A - Budget Information and budget narrative, Sections A-F	OPHS-1, Page 4			
HHS-690 (New Federal grant applicants only)	Assurance of Compliance with Title VI			
Application Checklist	OPHS-1, Pages 18 and 19			
Required Title X Assurances	See Supplemental Information			
Table of Contents	See Supplemental Information			
Budget and Budget Narrative/Justification	See Supplemental Information			
Progress Report	See Supplemental Information			
PROJECT NARRATIVE	See Supplemental Information			
One Page Abstract	See Supplemental Information			
Needs Assessment	See Supplemental Information			
Organization and Management	See Supplemental Information			
Program Work Plan (include benefits expected)	See Supplemental Information			
Clinical Management	See Supplemental Information			
Community Education/Outreach	See Supplemental Information			
Evaluation and Quality Assurance Assessment	See Supplemental Information			
Financial Management	See Supplemental Information			
Other (special projects, etc.)	See Supplemental Information			
Appendices	See Supplemental Information			